

PTO/SB/97 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

RECEIVED  
CENTRAL FAX CENTER

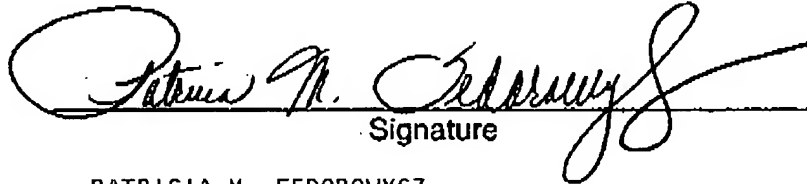
NOV 12 2007

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile  
transmitted to the United States Patent and Trademark Office

on NOVEMBER 12, 2007.

Date



Signature

PATRICIA M. FEDOROWYCZ

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this  
certificate must identify each submitted paper.

Mail Stop AMENDMENT

ATTACHED: - AMENDMENT UNDER 37 C.F.R. 1.111 (10 pages);  
- PTO/SB/22 - PETITION FOR ONE MONTH EXTENSION,  
(in duplicate - 2 pages);  
- PTO/SB/17 - FEET SHEET (in duplicate - 2 pages).

CUSTOMER NO.: 24498  
Serial No.: 10/526,412  
Docket No.: PU020417  
Art Unit: 2109  
Examiner: Jason D. Recek

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 15

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (01/06)

Approved for use through 07/31/2008. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4618).

**FEE TRANSMITTAL**  
for FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 120.00

Complete if Known

Application Number	10/528,412
Filing Date	March 2, 2005
First Named Inventor	Thomas Anthony Stahl
Examiner Name	Jason D. Recek
Art Unit	2108
Attorney Docket No.	PU020417

RECEIVED  
CENTRAL FAX CENTER

NOV 13 2007

METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order☐ None ☐ Other (please identify):☒ Deposit Account: Deposit Account Number 07-0832Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)
50	25

Each Independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

300	180
-----	-----

**Total Claims**- or HP = 0 x \$50 = \$**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
----------	---------------

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**- or HP = 0 x \$200 = 0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): FEE FOR ONE MONTH EXTENSION - \$120.00

\$120.00**SUBMITTED BY**

Name (Print/Type)	PAUL P. KIEL	Registration No. (Attorney/Agent)	40,677	Telephone	(609) 734-6815
Signature	November 9, 2007				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22315-1460. If you need assistance in completing this form, call 1-800-PTO-0199 and select option 2.

PTO/5B/17 (01/06)  
Approved for use through 07/31/2005, OMB 0651-0002  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

# FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**120.00**

Complete if Known

Application Number **10/526,412**  
Filing Date **March 2, 2005**  
First Named Inventor **Thomas Anthony Stahl**  
Examiner Name **Jason D. Recek**  
Art Unit **2109**  
Attorney Docket No. **PU020417**

RECEIVED  
CENTRAL FAX CENTER

NOV 13 2007

METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account: Deposit Account Number **07-0832**Deposit Account Name: **THOMSON LICENSING LLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee Paid (\$)
50	25	

Each independent claim over 3 (including Reissues)

200	100	
360	180	

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	0	\$50	

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	0	\$200	

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(a)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

## 4. OTHER FEE(S)

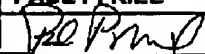
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR ONE MONTH EXTENSION - \$120.00

Fees Paid (\$)

**\$120.00**

SUBMITTED BY

Name (Print/Type)	<b>PAUL P. KIEL</b>	Registration No. (Attorney/Agent)	<b>40,677</b>	Telephone	<b>(609) 734-6815</b>
Signature					<b>November 9, 2007</b>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460. If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.